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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ B. WING IL6002067 03/06/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 901 SOUTH AUSTIN BLVD **AUSTIN OASIS, THE** CHICAGO, IL 60644 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation 2081478/IL120464 S9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)3) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest Attachment A practicable physical, mental, and psychological Statement of Licensure Violations well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

If continuation sheet 1 of 6

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6002067 03/06/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 901 SOUTH AUSTIN BLVD **AUSTIN OASIS, THE** CHICAGO, IL 60644 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 1 S9999 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour. seven-day-a-week basis: Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These Requirements are not met as evidenced by: Based on observation, interview and record review the facility failed to provide immediate medical attention for a right leg fracture to 1 out of 1 resident (R1) in the sample of 4 (R1, R2, R4 and R 5) reviewed for nursing care. This failure resulted in severe pain to R1's right leg fracture. Findings include: On 3/3/20 at 1:05 PM R1 was observed inside R1's room with right leg cast from above the knee to foot, exposing only the toes. R1 was grimacing and moaning; R1 was unable to move her right

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STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DATE SURVEY	
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NAME OF 1	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
AUSTIN OASIS, THE 901 SOUTH AUSTIN BLVD CHICAGO, IL 60644						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO- DEFICIENCY)	DBE COMPLETE	
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	leg. R1 was alert and oriented to person, place and time, with a Brief Interview for Mental Status (BIMS) score of 13. R1 stated that she suffered severe pain and has not been able to move her right leg since it was twisted by R3. R1 stated that the pain was getting worse and worse and that R1 could not sleep well at night. R1 stated R1 has a fracture which was caused by her roommate (R3) when R3 grabbed her leg and "squished it as hard as she could while she was sitting in her wheelchair." R1 stated that no one saw what happened because they were alone during the incident.					
	3rd floor dining root stated that she was and had a fight with stated that she gral twisted it. R3 stated R1's leg but just twi	PM R3 was observed inside the im sitting in a wheelchair. R3 Is living on the 2nd floor before in her roommate (R1). R3 bbed R1's leg and pulled and d she doesn't think she broke risted it. R3 stated the fight inting to buy some pizza, but give R3 money.				
	that R1 stated that leg. R3 was sent to evaluation and was nursing staff witnes that he was not in thappened. V1 rece Supervisor) that R1 the leg and that paid On 3/4/20 at 2:04 F stated that he was 2/12/20 that R1 had V8 stated that he of	AM V1 (Administrator) stated her roommate (R3) twisted her to the hospital for psych admitted. V1 stated that no ssed the incident. V1 stated the facility when the incident sived a call from V6 (Nurse I was complaining of pain on in medication was given. PM V8 (Attending Physician) informed by the nurse on d right leg pain and swelling. Indered an X-Ray and was ad a fracture on her right leg.				

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V8 stated that he ordered the nurse not to send

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to the hospital for psych evaluation. R3 was sent

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V9's (Orthopedic Surgeon) report dated 2/22/20

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